

Skilled Nursing Facility (SNF) Quality Reporting Program Provider Training

SNF Quality Reporting Program: Review & Correct Reports Refresher Webinar

Roberta Constantine
August 7, 2017



**SKILLED
NURSING
FACILITY**

**QUALITY REPORTING
PROGRAM**

Welcome!

Today's Presenter



Roberta Constantine
R.N., M.B.A, Ph.D
Senior Policy Analyst
RTI International

Electronic Question Submission

1. Visit <https://goo.gl/forms/zKbgh0noweiTXro63>.
2. Enter your full name, organization, and email address.

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Complete the form below to ask the speaker a question during the session.

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Electronic Question Submission

3. Using the drop-down menu, choose the section of the presentation to which your question refers.
4. Type your questions and click “SUBMIT” to send your question to the presenter.

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Question

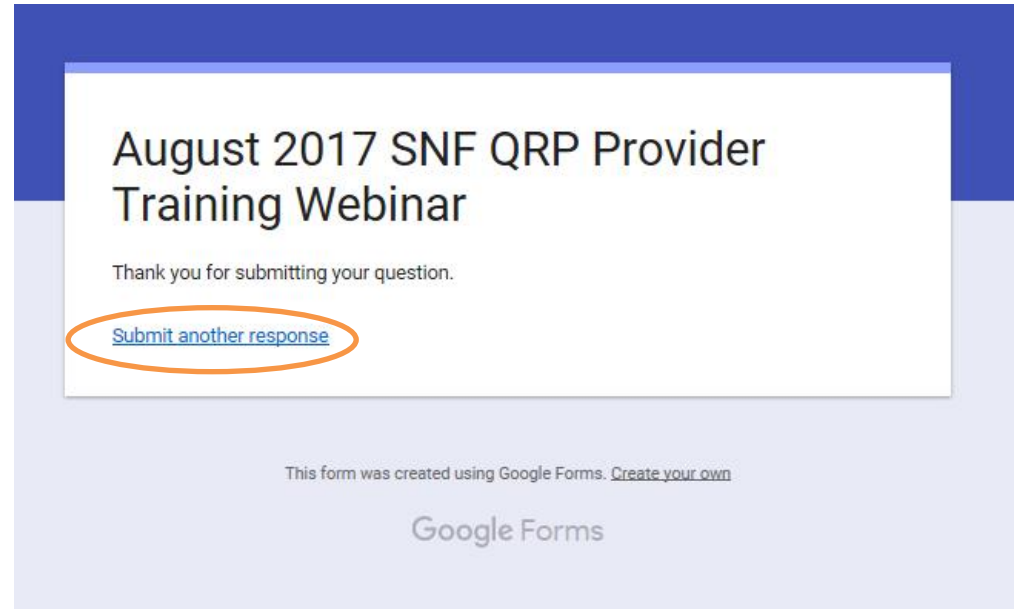
Your answer

SUBMIT

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Electronic Question Submission

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Google Forms

Test Your Knowledge

- During this presentation, you will be asked to respond to questions testing your knowledge of the material presented.
- When prompted with a question, review the answer choices offered and choose your answer using your mouse.
- Once you choose your answer, it will automatically be submitted for you.
- Following a brief pause, the presenter will review the correct responses and rationale for each question.

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently, so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Acronyms in This Presentation

- Automated Payment Update (APU)
- Automated Survey Processing Environment (ASPEN)
- Calendar Year (CY)
- Centers for Medicare & Medicaid Services (CMS)
- Certification and Survey Provider Enhanced Reports (CASPER)
- CMS Certification Number (CCN)
- Medicare Administrative Contractor (MAC)
- Minimum Data Set (MDS)

Acronyms in This Presentation

- National Healthcare Safety Network (NHSN)
- National Quality Forum (NQF)
- Prospective Payment System (PPS)
- Quality Improvement and Evaluation System (QIES)
- QIES Technical Support Office (QTSO)
- Quality Measure (QM)
- Quality Reporting Program (QRP)
- Regional Office (RO)
- Skilled Nursing Facility (SNF)



Objectives

- Discuss how public reporting fits within the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).
- Discuss the quality measures (QMs) used for public reporting contained in the Review and Correct Reports.
- Review the structure and content of the Review and Correct Reports.

Objectives

- Describe how to access and interpret Review and Correct Reports.
- Identify SNF-specific resources available to providers.

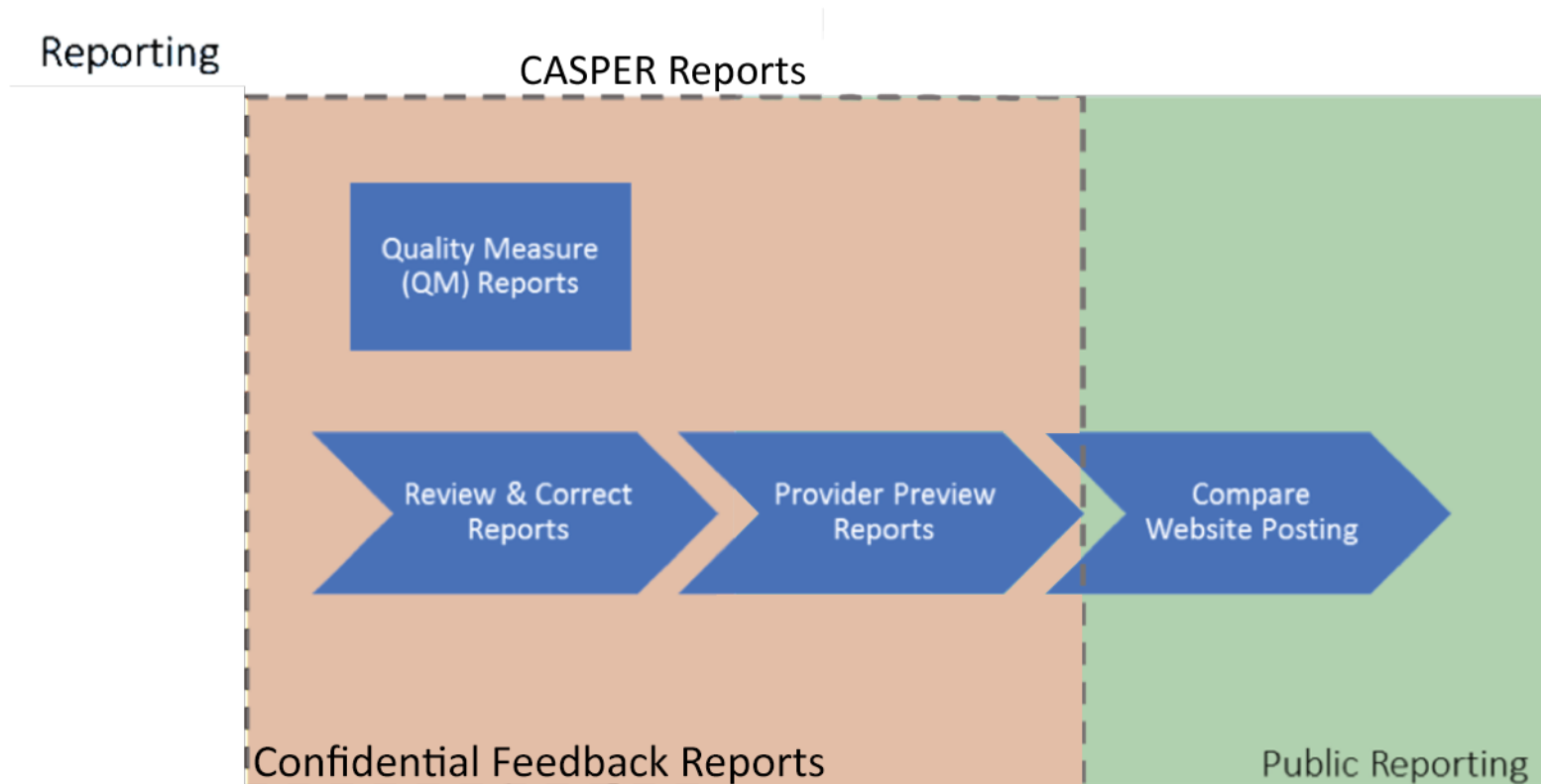
Public Reporting

Public Reporting

- The framework for public reporting for SNFs was established in the FY 2016 SNF Prospective Payment System (PPS) Final Rule (81 FR 52045).
- Public reporting of the first set of QMs will begin in fall 2018 for SNFs.
- Downloadable data will be available at <https://data.medicare.gov>.



Public Reporting Overview



CASPER Reports

Provider Preview Reports

- Anticipate launching summer 2018.

QM Reports

- Facility-level and patient-/resident-level.
- Will be available fall 2017.

Review and Correct Reports

- Available June 2017.

Data Collection Periods

Data Collection Periods

- SNF QRP became effective October 1, 2016.
- Beginning with the FY 2018 payment determination, SNFs that do not submit the required QM data may receive a two percentage point reduction to their annual payment update (APU) for the applicable payment year.
- **Note: It is the submission of quality data, not performance on the QMs, that determines compliance.**



Data Collection Periods

Calendar Year (CY) Data Collection Quarter	Data Collection/Submission Quarterly Reporting Period	Quarterly Review and Correction Periods and Data Submission Deadlines
Quarter 1	January 1 – March 31	April 1 – August 15
Quarter 2	April 1 – June 30	July 1 – November 15
Quarter 3	July 1 – September 30	October 1 – February 15
Quarter 4	October 1 – December 31	January 1 – May 15

Quality Reporting Program and Quality Measures

Quality Reporting Program

Types of measures based on data source:

Assessment-based
measures
based on the Minimum
Data Set Version 3.0
(MDS 3.0)

Claims-based
measures

- Only assessment-based measures are included in the Review and Correct Reports.

Quality Measures

- For a complete list of QMs, see the following website:
 - **SNF Quality Reporting:**
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>.



SNF Quality Assessment-Based Measures Included in the Review and Correct Reports

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678).
- Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
- Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674).

Test Your Knowledge

1. The Review and Correct Reports include which of the following measures:
 - A. Claims-based measures
 - B. Assessment-based measures
 - C. All of the above

Test Your Knowledge

1. The Review and Correct Reports include which of the following measures:
 - A. Claims-based measures
 - B. Assessment-based measures**
 - C. All of the above

Test Your Knowledge

2. The Review and Correct Reports can be accessed through the:
- A. Automated Survey Processing Environment (ASPEN)
 - B. National Healthcare Safety Network (NHSN)
 - C. Quality Improvement and Evaluation System (QIES)
 - D. Certification and Survey Provider Enhanced Reports (CASPER)

Test Your Knowledge

2. The Review and Correct Reports can be accessed through the:
- A. Automated Survey Processing Environment (ASPEN)
 - B. National Healthcare Safety Network (NHSN)
 - C. Quality Improvement and Evaluation System (QIES)
 - D. **Certification and Survey Provider Enhanced Reports (CASPER)**

CASPER Review and Correct Reports

CASPER Review and Correct Reports

- Contain QM information at the facility level.
- Are not risk-adjusted, and only observed (raw) rates are provided.
- Providers are able to obtain aggregate performance for up to the past four full quarters as the data is available.
- Are available for providers to run with updated data weekly (data updates until the data correction deadline).
- Display data correction deadlines and whether the data correction period is open or closed.

CASPER Review and Correct Reports

Header Information:

- Report Title, Setting, Report Number.
- Report Run Date, Number of Pages.
- CMS Certification Number (CCN).
- Facility Name.
- Address (Street, City/State, ZIP Code, County).
- Telephone Number.



CASPER Review and Correct Reports: Header Snapshot



CASPER Report SNF Review and Correct Report SNF MDS 3.0 Quality Measures: Report #1 for 2017

Run Date: 08/25/2018
Page 1 of 3

CMS Certification Number: 999999
Facility Name: SAMPLE SKILLED NURSING FACILITY
Street Address Line 1: 1111 WEST PINE AVENUE
Street Address Line 2: SUITE 101
City: WALTHAM
State: MA
ZIP Code: 02452
County Name: Middlesex
Telephone Number: 781-555-5555

SNF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
CMS Measure ID: S002.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	0	1	0.0%
Cumulative	01/01/2017	03/31/2017	-	-	0	1	0.0%



CASPER Review and Correct Reports

Important Considerations:

- Carefully review the data about your facility, including Facility, CCN, date of certification.
- It is extremely important to make certain the Medicare Certification Date for your facility is correct within the ASPEN system.
- CMS does not have the ability to monitor the validity of the Medicare Certification Dates within ASPEN, nor the authority to issue a correction within the system.

CASPER Review and Correct Reports

Facility Information: Ensure Accuracy – How to Correct

- Contact your Medicare Administrative Contractor (MAC) to update your facility information.
- MAC contact information is available at the following link: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map>.



CASPER Review and Correct Reports

Facility Information: Ensure Accuracy – How to Correct

- Once on the website, click on your State on the map or select it from the drop-down list below the map.
- Contact information for your State will then be displayed below the map.
- You can find your Regional Office (RO) at <https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html>.
- PDFs of contact information for each RO are available at the bottom of the page.



CASPER Review and Correct Reports

Footer Information:

*This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.*

CASPER Review and Correct Reports

General Items:

- QM Name, National Quality Forum (NQF) Number, CMS Measure ID.
- Table Legend: provides important information for interpreting results.
- Reporting Quarter, Start Date/End Date.
- Data Correction Deadline.
- Data Correction Period as of Report Run Date (Open/Closed).

CASPER

Review and Correct Reports

SNF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
 CMS Measure ID: S002.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
 Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	0	1	0.0%
Cumulative	01/01/2017	03/31/2017	-	-	0	1	0.0%

Quality Measure-Specific Information

Quality measures currently included in these reports:

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678).
- Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674).
- Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).

SNF Quality Measure-Specific Information

$$\frac{\text{Numerator}}{\text{Denominator}} = \frac{\text{Number of SNF Stays Included in the Numerator for this Measure}}{\text{Number of SNF Stays Included in the Denominator for this Measure}}$$

- Your SNF Observed Performance Rate = $\left(\frac{\text{Numerator}}{\text{Denominator}} \right) \times 100$

Example: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

SNF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
CMS Measure ID: S002.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.
Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	0	1	0.0%
Cumulative	01/01/2017	03/31/2017	-	-	0	1	0.0%

CASPER Review and Correct Reports

Subsequent Review and Correct Reports:

- After the first quarter, subsequent reporting quarters data are added.
- Cumulative data are displayed.
- When a new reporting year begins, the oldest quarter is dropped (i.e., rolling quarters).

Example: Review and Correct Report Quarters One to Four

SNF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
CMS Measure ID: S002.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	3	73	4.1%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Open	1	41	2.4%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	3	97	3.1%
Q1 2017	01/01/2017	03/31/2017	08/15/2017	Closed	3	69	4.3%
Cumulative	01/01/2017	12/31/2017	-	-	10	280	3.6%

Example: Review and Correct Report Quarter One for Next Reporting Year

SNF Quality Measure: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
CMS Measure ID: S002.01

Table Legend

* Medicare Part A stay (SNF stay): A Medicare Part A stay includes consecutive time in the facility starting with the Medicare Part A Admission record (PPS 5-day assessment with A0310B = [01]) through the Medicare Part A Discharge record with A0310H = [1] and all intervening assessments.

Dash (-): Data not available or not applicable.

Reporting Quarter	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays Included in the Numerator for this Measure*	Number of SNF Stays Included in the Denominator for this Measure*	Your SNF's Observed Performance Rate
Q1 2018	01/01/2018	03/31/2018	08/15/2018	Open	2	88	2.3%
Q4 2017	10/01/2017	12/31/2017	05/15/2018	Open	3	73	4.1%
Q3 2017	07/01/2017	09/30/2017	02/15/2018	Closed	1	41	2.4%
Q2 2017	04/01/2017	06/30/2017	11/15/2017	Closed	3	97	3.1%
Cumulative	04/01/2017	03/31/2018	-	-	9	299	3.0%

Test Your Knowledge

3. When a given quarter's data becomes available, Review and Correct Reports provide QM results that are updated on a _____ basis, up until the submission deadline.
- A. Weekly
 - B. Monthly
 - C. Quarterly
 - D. Annual

Test Your Knowledge

3. When a given quarter's data becomes available, Review and Correct Reports provide QM results that are updated on a _____ basis, up until the submission deadline.
- A. Weekly**
 - B. Monthly
 - C. Quarterly
 - D. Annual

Test Your Knowledge

4. Providers can address questions, correct inaccurate information, and ensure accuracy regarding their facility information by which of the following actions:
- A. Contact your Medicare Administrative Contractor (MAC)
 - B. Contact your Regional Office (RO)
 - C. None of the above
 - D. Both A and B

Test Your Knowledge

4. Providers can address questions, correct inaccurate information, and ensure accuracy regarding their facility information by which of the following actions:
- A. Contact your Medicare Administrative Contractor (MAC)
 - B. Contact your Regional Office (RO)
 - C. None of the above
 - D. **Both A and B**

Test Your Knowledge

5. The Review and Correct Reports contain patient-level data for each quality measure.

A. True

B. False

Test Your Knowledge

5. The Review and Correct Reports contain patient-level data for each quality measure.

A. True

B. False

Test Your Knowledge

6. Which of the following statements are true regarding subsequent Review and Correct Reports:
- A. Cumulative data for the Review and Correct Reports are displayed for 1 year, in rolling quarters.
 - B. When a new reporting year begins, the new quarter of data is added and the oldest quarter of data is subsequently dropped.
 - C. Reports are retained for 10 years.
 - D. None of the above.

Test Your Knowledge

6. Which of the following statements are true regarding subsequent Review and Correct Reports:
- A. Cumulative data for the Review and Correct Reports are displayed for 1 year, in rolling quarters.
 - B. **When a new reporting year begins, the new quarter of data is added and the oldest quarter of data is subsequently dropped.**
 - C. Reports are retained for 10 years.
 - D. None of the above.

Obtaining Reports

How to Obtain Reports




WELCOME TO THE CMS QIES SYSTEMS FOR PROVIDERS

[MDS and ePOC User Registration](#)

[Payroll Based Journal User Registration](#)

[Add ePOC - PBJ - MDS Access to your Active Individual User Account](#)

 [MDS 3.0 Submissions](#)

[PBJ Submissions](#)

[Look Up Facility ID](#)

[Payroll Based Journal \(PBJ\) Provider User Guide](#)

MDS 3.0 Provider User's Guide:

CASPER Reporting User's Guide for MDS Providers:

[CASPER Reporting](#) - Select this link to access the Final Validation and Provider reports.

[Change Password - QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[ASPEN Access \(ePOC\)](#)

How to Obtain Reports



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

QIES National System Login

Welcome to CASPER Reporting

Please enter your User ID and Password

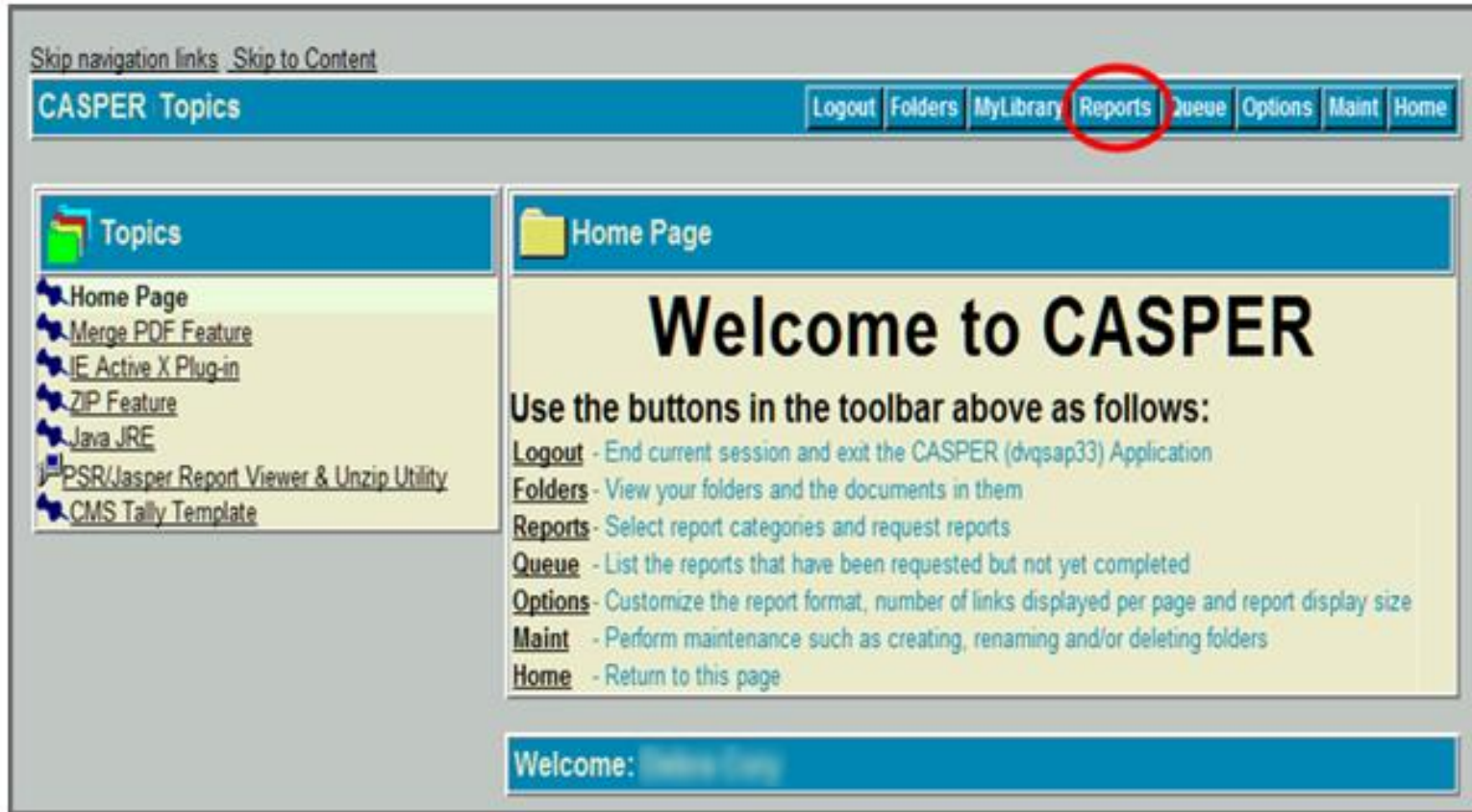
User ID:

Password:

Login

[Unable to login?](#)
[Go to the QIES User Maintenance application to reset your User ID/Password.](#)

How to Obtain Reports



How to Obtain Reports

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- [Auto Payroll Based Journal FVR](#)
- [MDS 3.0 NH Asmt Maint](#)
- [MDS 3.0 NH Final Validation](#)
- [MDS 3.0 NH Provider](#)
- [MDS 3.0 QM Reports](#)
- [MDS 3.0 Submitter Validation](#)
- [MDS Provider CO](#)
- [MDS QI/QM Reports](#)
- [QMR Reports](#)
- [Payroll Based Journal \(PBI\) Reports](#)
- [SNF Quality Reporting Program](#)**
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SNF Quality Reporting Program

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(Hint: Leave blank to list all reports)

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End Date: Q3 2018 ▼

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Info+	Click Link to View Report+	Date Requested+	Select+
	<u>SNF Review and Correct Report</u>	07/25/2017 13:41:38	<input type="checkbox"/>
	<u>MDS 3.0 Submitter Final Validation</u>	07/10/2015 10:07:46	<input type="checkbox"/>
	<u>MDS 3.0 Submitter Final Validation</u>	05/29/2015 12:47:41	<input type="checkbox"/>
	<u>MDS 3.0 Submitter Final Validation</u>	05/29/2015 12:46:25	<input type="checkbox"/>
	<u>0003D Provider History Profile</u>	11/18/2014 10:40:10	<input type="checkbox"/>

Pages (1)

SelectAll Print PSRs Zip MergePDFs Move Delete

Resources

SNF Resources

- **MDS 3.0 User Guides & Training Information:**
<https://www.qtso.com/mdstrain.html>.
- **Assessment Submission: User Guides & Training Page on the QIES Technical Support Office (QTSO) Website:**
<https://www.qtso.com/mds30.html>.
- **Accessing CASPER Reports:** help@qtso.com.
- **SNF Public Reporting Help Desk Email:**
SNFQRPPRquestions@cms.hhs.gov.
- **SNF QRP:** SNFQualityQuestions@cms.hhs.gov.



SNF Resources

- **SNF QRP FAQs:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-FAQs-.html>.
- **SNF QRP Data Submission Deadlines:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Data-Submission-Deadlines.html>.
- **FY 2017 SNF PPS Final Rule:** <https://www.gpo.gov/fdsys/pkg/FR-2016-08-05/pdf/2016-18113.pdf>.
- **Other Certification and Survey Provider Enhanced Reports (CASPER):** https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/May-2017-Review-and-Correct-Webcast-QA_Appendix_SNF.pdf.



Questions?